

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

PAUL J. SMITH 142003

Plaintiff,

v.

Civil Action No. 1:07-CV-00477 GMS

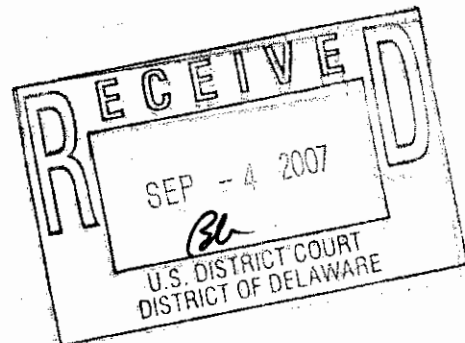
Reginal Medical First Correctional ET AL  
Defendant.

MOTION TO AMEND - SUPPLEMENT

Submitted this 30<sup>th</sup> day of Aug, 2007

*Paul Smith*

Delaware Correctional Center  
1181 Paddock Road  
Smyrna, DE 19977



FORM #585

MEDICAL GRIEVANCE

They see me every day  
for Blood Pressure check  
AND when I say pain  
Reply BACK put in sick  
call

FACILITY: Delaware Correctional CenterDATE SUBMITTED: 05-29-07INMATE'S NAME: PAUL J SmithSBI#: 142003HOUSING UNIT: W-Building C-5-TiceCASE #: 119183SECTION #1DATE & TIME OF MEDICAL INCIDENT: 05-28-07 9:30 AM

## TYPE OF MEDICAL PROBLEM:

CHRONIC CARE AND TREATMENTS, HAVE ON REGULAR BASICS  
AND CAN NOT BE SEEN FOR CARE AND MY TREATMENTS  
I HAVE BEEN IN PAIN AND SUFFERING FROM 5-23-07 TIME 4:30 PM  
TO DATE 5-29-07 TIME 9:15 AM TODAY MONDAY, AND IT IS  
NO-REASON-FOR MY PAIN AND SUFFERING ~~WHEN~~ HERE  
AT DCC MEDICAL HAVE HOSPITAL WITH NURSE(S) DEPARTMENT  
DOCTOR(S) DEPARTMENT, AND EMERGENCY DEPARTMENT,  
WHY AM I BEING REFUSED MEDICAL CARE?

GRIEVANT'S SIGNATURE: Paul Smith

9:30 AM

DATE: 05-29-07

ACTION REQUESTED BY GRIEVANT:

I WOULD LIKE TO BE SEEN  
BY A DOCTOR FOR TREATMENT OF MY HEALTH  
CARE,

RECEIVED

JUN 06 2007

RECEIVED

MAY 31 2007

DATE RECEIVED BY MEDICAL UNIT:

Inmate Grievance Office

Inmate Grievance Office

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL  
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

DUPLICATE

MEDICAL GRIEVANCE

FACILITY:

DELAWARE CORRECTIONAL CENTER

DATE SUBMITTED:

05-28-07

INMATE'S NAME:

PAUL J SMITH

SBI#:

142003

HOUSING UNIT:

W-Building C5 Tier

CASE #:

RECEIVED

## SECTION #1

DATE &amp; TIME OF MEDICAL INCIDENT:

5-28-07 9:30AM

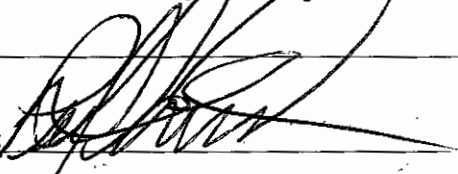
JUN 06 2007

TYPE OF MEDICAL PROBLEM:

Inmate Grievance Office

STANDING AND WALKING WITHOUT MY MEDICAL SUPPLIES THAT DCC MEDICAL STAFF REFUSED ME, THEY REFUSED ME OF MY DOCTORS ORDERS OF MEDICAL TREATMENTS TO BETTER MY HEALTH CONDITIONS AND DUE TO DCC MEDICAL REFUSAL MY HEALTH CONDITIONS ARE WORSE, I HAVE NOT TAKEN ANY OF MY MEDICATIONS FOR MY ASTHMA, HIGH BLOOD PRESSURE PAIN MEDICATIONS FOR HIPS, OR SPINE, I NEED MEDICAL ATTENTION ASAP HEALTH CONDITIONS WORSE.

GRIEVANT'S SIGNATURE:



DATE:

05-28-07

ACTION REQUESTED BY GRIEVANT:

TO BE GIVEN MY MEDICAL SUPPLIES, AND MY MEDICATIONS AS DOCTORS ORDERED FOR ME TO HAVE, ALSO TO BE SEEN BY DCC MEDICAL DOCTORS ONCE NEEDED.

RECEIVED

MAY 31 2007

DATE RECEIVED BY MEDICAL UNIT:

Inmate Grievance Office

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**Instructions for Submitting a Regular Grievance**

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

**Return of Unprocessed Grievance**

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

- ☐ **Vulgar/Abusive or Threatening Language:** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.
- ☐ **Disciplinary Action** ☐ **Parole Decision**
- ☐ **Classification Action**
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.
- ☐ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # \_\_\_\_\_.
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.
- ☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

*YOU NEED TO FOLLOW PROCEDURE AND SUBMIT A SICK CALL SLIP.*

  
Inmate Grievance Chairperson

*8/12/07*  
Date

DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 07/06/2007

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> SMITH, PAUL J	<b>SBI# :</b> 00142003	<b>Institution :</b> DCC
<b>Grievance # :</b> 126063	<b>Grievance Date :</b> 05/29/2007	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status :</b>	<b>Resol. Date :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 05/29/2007	<b>Incident Time :</b>
<b>IGC :</b> McCreanor, Michael	<b>Housing Location :</b> Bldg W1, Tier I, Cell 24, Top	

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** Spider bite swelling right foot. Why is it taking a month to be treated for a spider bite? This could be poisonous or anything and Medical is just going to overlook this matter.

**Remedy Requested :** I would like to be treated for this spider bite ASAP.

**INDIVIDUALS INVOLVED**

Type	SBI #	Name

**ADDITIONAL GRIEVANCE INFORMATION**

<b>Medical Grievance :</b> YES	<b>Date Received by Medical Unit :</b> 07/06/2007
<b>Investigation Sent :</b> 07/06/2007	<b>Investigation Sent To :</b>
<b>Grievance Amount :</b>	

Doctor Glen D. Rowe P.A.  
1093 South Governors Ave  
Dover, DE 19903  
302-730-4366

FORM #585

## MEDICAL GRIEVANCE

(U) NEW INJURIES

HEAD, SHOULDER,  
ARM, AND LEG  
Left side, from fall.  
Today

FACILITY: DELAWARE Correctional Center  
INMATE'S NAME: PAUL J Smith  
HOUSING UNIT: W-Building C-5-tier

DATE SUBMITTED: 05-27-07  
SBI#: 142003  
CASE #: 11920<sup>3</sup>08

## SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 05-27-07 9:20 AM

## TYPE OF MEDICAL PROBLEM:

on 05-27-07 Mr. Smith 142003, WAS walking from W-Building to Hospital for Blood pressure check and on the way I/M Smith, went down stating that his Hip gave out, He also stated he felt pain between his legs/ state Ball(s) Hurt % from T-Building took I/M Smith, to Medical by wheel chair, I/M Smith, was seen by Doctor, checked out and was given Aspirin for pain, I/M Smith, did complaint of new injuries state pain, and numbness, down his left side from his neck, down his left shoulder, arm, down his leg into his left foot numb, I/M Smith stated(s) he would like to be seen by Dr. Glen Rowe ASAP.

GRIEVANT'S SIGNATURE: Paul SmithDATE: 05-27-07

ACTION REQUESTED BY GRIEVANT:

TO BE SEEN BY DOCTOR  
FOR PAIN AND SUFFERING AS SOON AS  
POSSIBLE.

RECEIVED

JUN 06 2007

RECEIVED

MAY 31 2007

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

Inmate Grievance Office

Inmate Grievance Office

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**Instructions for Submitting a Regular Grievance**

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

**Return of Unprocessed Grievance**

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.
- ☐ **Disciplinary Action** ☐ **Parole Decision**
- ☐ **Classification Action**
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.
- ☐ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # \_\_\_\_\_.
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.
- ☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

*MEDICAL DETERMINES IF AND WHEN AN INMATE NEEDS TO BE SEEN BY AN OUTSIDE DOCTOR. CARS WILL THEN DETERMINE WHICH DR. THE I/M WILL BE SENT TO*

*[Signature]*  
Inmate Grievance Chairperson

*6/12/07*  
Date

Also I would like to receive a memo, for bottom bed, I'm on top  
AND it hurts.  
getting up and down

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

3231  
PAUL J Smith

Name (Print)

07-15-58

Date of Birth

142003

SBI Number

W-Building I-24

Housing Location

06-15-07

Date Submitted

Complaint (What type of problem are you having)?

Hip Pain, Back Pain, Neck, and shoulder pain, arm pain; chest pain  
AND this new medication is not help pain relief  
I would like to see doctor ASAP for my health condition

Paul Smith

Inmate Signature

06-15-07

Date

The below area is for medical use only. Please do not write any further.

S:

Seen 6/15/07; scheduled to MD/MLP once more.

O:

Temp: \_\_\_\_\_

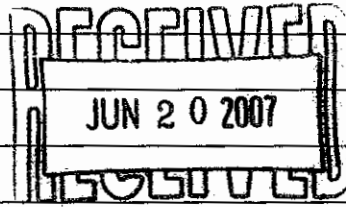
Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:



P:

E:

Provider Signature & Title

Date & Time

HAVE NO  
SICK CALL  
IN W-BUILDING

Medical Sick Call 6-17-07  
~~6-18-07~~

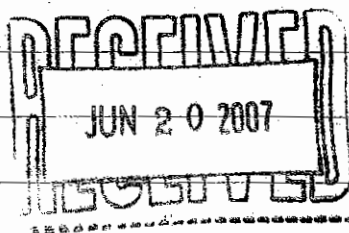
PAUL J. Smith  
7-15-58

SBI # 142003

Medical problem,

I would like to be seen  
AS SOON AS POSSIBLE, I fell off the top  
BED, THIS MORNING AROUND 2:45 AM, HURTING  
my BACK, ARM, AND leg, I'm in a lot of  
PAIN, STAFF OFFICERS, CALL TO MEDICAL, BUT  
MEDICAL STAFF, SAID THERE WASN'T ANYONE  
THERE WHO COULD SEE ME AT THIS TIME, I  
NEED TO BE SEEN AS SOON AS POSSIBLE,  
my legs feel numb, BACK PAIN, AND PAIN  
STICKING INTO THE BOTTOM OF MY FEET.

THIS HAPPEND  
THIS MORNING AT  
AROUND 2:45 AM  
6-17-07



*Paul J. Smith*  
6-18-07  
W-Building  
Cell #24 J. Tier.

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Paul Smith W-Building I-24  
Name (Print) Housing Location  
07-15-58 142003 06-18-07  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? I NEED TO SEE A  
Doctor for BACK PAIN from falling onto  
the floor off the top bed Cell #24 I-Tier  
I NEED X-Rays of my BACK, ARM, AND leg, Numb.

Paul Smith 06-18-07  
Inmate Signature Date

**The below area is for medical use only. Please do not write any further.**

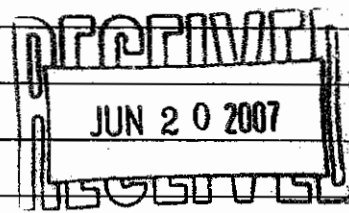
S:

You were seen on 6/15/07; schedule  
see MD/MCP.

O:

Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:



P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

PAUL Smith W-Building I-24  
Name (Print) Housing Location  
07-15-58 00142003 06-18-07  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? I NEED TO SEE A  
Doctor for BACK PAIN FROM FALLING onto the  
Floor off the top BED Cell #24 I Tied, I  
NEED X-RAYS of my BACK, ARM, AND Leg, Numb.

Paul Smith 06-18-07  
Inmate Signature Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

\_\_\_\_\_  
Provider Signature & Title

\_\_\_\_\_  
Date & Time

3/1/99 DE01

FORM#:

MED  
263

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

<b>Offender Name :</b> SMITH, PAUL J	<b>SBI# :</b> 00142003	<b>Institution :</b> DCC
<b>Grievance # :</b> 125083	<b>Grievance Date :</b> 06/18/2007	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status :</b>	<b>Resol. Date :</b>
<b>Grievance Type:</b> Medical Staff	<b>Incident Date :</b> 06/18/2007	<b>Incident Time :</b>
<b>IGC :</b> McCreanor, Michael	<b>Housing Location :</b> Bldg W1, Tier I, Cell 24, Top	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** I, I/M Smith, was reaching for crutches from his top bed to go to the restroom. While doing so I/M smith slipped missing his crutches and falling off the top bed, Cell 24, "I" Tier. I/M Smith got up off the floor thinking he was alright. But he is hurt from the fall. I/M told staff officers about this. They called Medical and told them what happened. Medical asked "can he walk" and staff said "yes". Medical said to have I/M Smith submit a Sick Call Slip because no one is herer right now to see him.

**Remedy Requested :** I, I/M Smith, would like to see a doctor to get a memo for a bottom bunk because I hurt my arm, leg and back from that fall. I feel like I am being paralyzed. Both omy legs a numb, back pain, and pins sticking in the bottom of my feet. Need treatment ASAP.

### INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

### ADDITIONAL GRIEVANCE INFORMATION

<b>Medical Grievance :</b> YES	<b>Date Received by Medical Unit :</b> 07/03/2007
<b>Investigation Sent :</b> 07/03/2007	<b>Investigation Sent To :</b>
<b>Grievance Amount :</b>	

W-Building  
AS No Sick Call  
SHEET with Building

# Sick Call Sheet

PAUL J. Smith 142003  
W-Building I-24

06-20-07

I AM HAVING PROBLEMS WITH MY RIGHT  
KNEE SWELLING FROM THE FALL OFF THE TOP  
BED, I'M ALSO HAVING UNBEARABLE PAIN IN MY  
BACK, AT TIMES MY LEGS FEEL NUMB, WITH PENS  
STICKING INTO THE BOTTOM OF MY FEET.

Paul Smith  
06-20-07

FORM #585

MEDICAL GRIEVANCE

FACILITY: Delaware Correctional Center  
INMATE'S NAME: Paul J Smith  
HOUSING UNIT: W-Building I-24

DATE SUBMITTED: 06-22-07  
SBI#: 00142003  
CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 06-22-07

TYPE OF MEDICAL PROBLEM:

NEED X-RAY'S of my Right KNEE Swelling, AND BACK PAIN ALL ACROSS my BACK FROM falling off the Top BED Cell #24 I-Tier DCC, I WAS SEEN BY CHRONIC CARE CLINIC, AND REFUSED X-RAY'S of my BACK, AND Right KNEE Swelling, ALSO WAS REFUSED ANY treatment for these injuries, the pain medications ARE for my hip.

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: 06-22-07

ACTION REQUESTED BY GRIEVANT: I WOULD LIKE TO KNOW HOW SERIOUS MY INJURIE(S) ARE FROM THIS FALL ONTO THE FLOOR FROM TOP BED, BEFORE THESE INJURIE(S) GET(S) WORSE, I WOULD LIKE X-RAY'S OR EVEN MRI TEST DONE,

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**DCC Delaware Correctional Center**  
**Smyrna Landing Road**  
**SMYRNA DE, 19977**  
**Phone No. 302-653-9261**

**Date: 07/06/2007**

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

<b>Offender Name :</b> SMITH, PAUL J	<b>SBI# :</b> 00142003	<b>Institution :</b> DCC
<b>Grievance # :</b> 126064	<b>Grievance Date :</b> 06/22/2007	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status :</b>	<b>Resol. Date :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 06/22/2007	<b>Incident Time :</b> 09:30
<b>IGC :</b> McCreanor, Michael	<b>Housing Location :</b> Bldg W1, Tier I, Cell 24, Top	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** Need X-rays of my swollen right knee and have back pain across my back from falling off the top bunk. I was seen by Chronic Care Clinic and refused X-rays of my back and right knee. I was refused treatment for these injuries. The pain medication is for my hip.

**Remedy Requested :** I would like to know how serious my injuries are from this fall to the floor from the top bunk before these injuries get worse. I would like a X-ray or a MRI.

### INDIVIDUALS INVOLVED

Type	SBI #	Name

### ADDITIONAL GRIEVANCE INFORMATION

<b>Medical Grievance :</b> YES	<b>Date Received by Medical Unit :</b> 07/06/2007
<b>Investigation Sent :</b> 07/06/2007	<b>Investigation Sent To :</b>
<b>Grievance Amount :</b>	

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

PAUL J Smith

Name (Print)

W-Building I-24

Housing Location

0715-58

Date of Birth

00140003

SBI Number

06-26-07

Date Submitted

Complaint (What type of problem are you having)?

Right KNEE Swelling  
AND HAVE A LOT OF PAIN, DIFFICULTIES WALKING  
ON MY RIGHT LEG, DUE TO KNEE INJURIE  
FROM FALLING OFF TOP BED

Paul Smith

Inmate Signature

06-26-07

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL J Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00142003

SBI Number

06-27-07

Date Submitted

Complaint (What type of problem are you having)? Spider Bit, Swelling  
of my right foot, still haven't been seen or  
treated for this spider bite from 05-29-07  
I would like to be seen ASAP, poison.

Paul Smith

Inmate Signature

06-27-07

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

4064

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Paul Smith W-Building I-24  
Name (Print) Housing Location  
07-15-58 0042003 07-02-07  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? BACK PAIN, Right Leg  
OR KNEE PAIN,

Paul Smith 07-02-07  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: Scheduled for NSC-KC

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

4095 PAUL J Smith

Name (Print)

07-15-58

Date of Birth

00142003

SBI Number

W-Building I-04

Housing Location

07-05-07

Date Submitted

Complaint (What type of problem are you having)? BACK PAIN, KNEE

PAIN, AND LEFT ARM PAIN(S)

*Paul Smith*

Inmate Signature

07-05-07

Date

The below area is for medical use only. Please do not write any further.

S: Scheduled for NSC-KC

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

FORM #585

MEDICAL GRIEVANCE

FACILITY: Delaware Correctional Center  
 INMATE'S NAME: Paul J Smith  
 HOUSING UNIT: W-Building I-24

DATE SUBMITTED: 07-06-07  
 SBI#: 00142003  
 CASE #: 129383

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 05-23-07

TYPE OF MEDICAL PROBLEM:

I HAVE LOTS OF MEDICAL PROBLEMS AND CANNOT RECEIVE THE RIGHT HEALTH CARE AS NEEDED, AND DUE TO THIS HAS CAUSED MY ILLNESS AND INJURIES TO GET WORSE. WHERE AS OF TODAY'S DATE, I NEED TO BE HOSPITALIZED FOR MY ASTHMA, CHEST PAIN, HIGH BLOOD PRESSURE, AND BODY INJURIES, BUT I REFUSE, BEING HOSPITALIZED HERE AT DCC INMATES FACILITY, BECAUSE IT'S DIRTY, AND NASTY, BESIDES I NEED PROFESSIONALS QUALIFIED TO CARE FOR MY ILLNESS AND INJURIES.

GRIEVANT'S SIGNATURE: Paul J SmithDATE: 07-06-07

ACTION REQUESTED BY GRIEVANT:

I WOULD LIKE TO BE DISCHARGED TO A MEDICAL FACILITY OUTSIDE THE DELAWARE CORRECTIONAL CENTER FOR HEALTH CARE AND TREATMENTS BECAUSE I AM NOT RECEIVE THE CARE, NOR TREATMENTS WHILE HERE.

RECEIVED

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

JUL 10 2007

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHER MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Inmate Grievance Office

### Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

#### Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

\_\_\_\_\_ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

\_\_\_\_\_ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.

\_\_\_\_\_ **Disciplinary Action**

\_\_\_\_\_ **Parole Decision**

\_\_\_\_\_ **Classification Action**

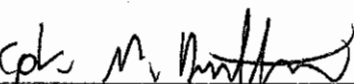
\_\_\_\_\_ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.

\_\_\_\_\_ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # \_\_\_\_\_.

\_\_\_\_\_ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.

\_\_\_\_\_ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.

☒ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

  
Inmate Grievance Chairperson

  
Date

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL J Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00142003

SBI Number

07-10-07

Date Submitted

Complaint (What type of problem are you having):

FROM Spider Bite, Swelling  
HAS GONE DOWN FROM ME PLACING ICE PACK AND  
I GOT SOME OF THE POISON OUT, MAYBE it's Alright  
BUT WOULD STILL LIKE TO BE SEEN BY Doctor.

Paul Smith

Inmate Signature

07-10-07

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL J Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00148003

SBI Number

07-10-07

Date Submitted

Complaint (What type of problem are you having)?

Back pain, Right KNEE  
PAIN, Left ARM PAIN, from falling to the floor  
FROM TOP BED CELL #24 I TIER, AND WOULD  
LIKE TO BE SEEN FOR THESE INJURIES

Paul Smith

Inmate Signature

07-10-07

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTION  
REQUEST FOR MEDICAL/DENTAL SICK CALL SE  
FACILITY: DELAWARE CORRECTIONAL CENT.**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL J Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00140003

SBI Number

07-10-07

Date Submitted

Complaint (What type of problem are you having)?

from Spider Bite  
Swelling HAS gone down from ME PLACING ICE  
PACK, AND I GOT SOME OF THE POISON OUT. MAYBE  
it's Alright, BUT WOULD STILL LIKE TO BE SEEN BY  
Doctor.

Paul Smith

Inmate Signature

07-10-07

Date

The below area is for medical use only. Please do not write any further.

S:

Scheduled for NSC TC

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: DELAWARE CORRECTIONAL CENTER

DATE SUBMITTED: 07-17-07

INMATE'S NAME: PAUL Smith

SBI#: 00142003

HOUSING UNIT: W-Building I-24

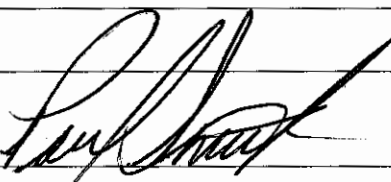
CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 07-16-07 3:05 pm

TYPE OF MEDICAL PROBLEM:

AT NIGHTS WHILE ASLEEP LAYING ON MY BACK, I GET REAL BAD PAIN AND NUMBNESS INTO BOTH OF MY LEGS, I HAVE TO GET UP BECAUSE THE PAIN IS JUST THAT BAD I HAVE PLACED SICK CALLS IN TO BE SEEN, TO HAVE X-RAY'S DONE, BACK, AND THE NUMBNESS INTO MY LEGS HAS GOTTEN WORSE.

GRIEVANT'S SIGNATURE: 

DATE: 07-017-07

ACTION REQUESTED BY GRIEVANT: I WOULD LIKE X-RAY'S OR MRI TEST DONE OF MY BACK, LEG, AND ARM, FROM FALL OFF TOP BUNK,

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCE

FACILITY: DELAWARE Correctional Center  
 INMATE'S NAME: PAUL Smith  
 HOUSING UNIT: W-Building E-24

DATE SUBMITTED: 07-17-07  
 SBI#: 00140003  
 CASE #: 132086

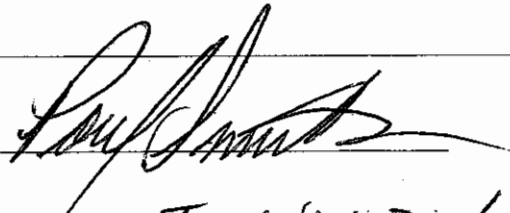
SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 07-16-07 305 PM

## TYPE OF MEDICAL PROBLEM:

At night while asleep laying on my back, I get real bad pain and numbness into both of my legs, I have to get up because the pain is just that bad I have placed sick call in to be seen, to have x-ray's done, back, and the numbness into my legs has gotten worse.

GRIEVANT'S SIGNATURE:



DATE:

07-07-07

ACTION REQUESTED BY GRIEVANT:

I would like x-ray's or MRI test done of my back, leg, and arm, from fall off top bunk.

RECEIVED

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

JUL 17 2007

Inmate Grievance Office

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

### Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

#### Return of Unprocessed Grievance

**Intake Action:** This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.

☐ **Disciplinary Action**

☐ **Parole Decision**

☐ **Classification Action**

☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.

☒ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # 126064.

☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.

☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.

☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

CPL M. D. [Signature]  
Inmate Grievance Chairperson

7/25/07  
Date

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

PAUL Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00142003

SBI Number

07-19-07

Date Submitted

Complaint (What type of problem are you having)? I WOULD like to know  
the REASON why medical staff keep removing my medical  
medications sheet from medications window, I  
HAVE - NOT RECEIVED MEDS, ALL WEEK,

Paul Smith

Inmate Signature

07-19-07

Date

**The below area is for medical use only. Please do not write any further.**

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Paul Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00142003

SBI Number

07-23-07

Date Submitted

Complaint (What type of problem are you having)?

BACK PAIN, LEFT LEG  
AND KNEE PAIN, RIGHT ARM PAIN, I WOULD LIKE  
TO BE SEEN BY DOCTOR, ALSO RECEIVE PHYSICAL  
THERAPY BY A THERAPIST.

Paul Smith

Inmate Signature

07-23-07

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

479

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Paul Smith

Name (Print)

07-15-58

Date of Birth

00148003

SBI Number

W-Building I 24

Housing Location

07-28-07

Date Submitted

Complaint (What type of problem are you having)?

While getting up one Top  
Bunk my left foot slipped off Table top AND  
the left side of my Neck hit the top of Bed  
frame, AND I AM HAVING PAIN in the side of my Neck  
down my left arm.

Paul Smith

Inmate Signature

07-28-07

Date

The below area is for medical use only. Please do not write any further.

S: 8/1/07 You are scheduled for nsc — medical

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

**RECEIVED**

**AUG - 1 2007**

Provider Signature & Title

EDUCATIONAL MATERIAL  
CORRECTIONAL MEDICAL SERVICES  
Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one) MEDICAL DENTAL MENTAL HEALTH

Paul Smith

Name (Print)

07-15-58

Date of Birth

00142003

SBI Number

W-Building I-24

Housing Location

07-28-07

Date Submitted

Complaint (What type of problem are you having)?

While getting up on top  
Back my left foot slipped off Table top AND the left  
side of my neck hit the top of bed frame, AND  
I AM Having pain in the side of my neck down my left arm,

Paul Smith

Inmate Signature

07-28-2007

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 08/06/2007

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SMITH, PAUL J	SBI# : 00142003	Institution : DCC
Grievance # : 134526	Grievance Date : 07/28/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 07/28/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg W1, Tier I, Cell 24, Top	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** On July 28, 2007 I was getting onto the top bunk (I-24) when my foot slipped off the table causing my neck to hit the top of the bed frame. Now I have a pain in my neck from this. Not only do I still have the pain in my neck, I also have still have pain in my back and arm from the last fall from the top bunk. I have a memo for a bottom bunk. Why am I still on the top bunk.

**Remedy Requested :** I would like to be treated for my injuries that I received from the top bunk plus moved to a bottom bunk.

### INDIVIDUALS INVOLVED

Type	SBI #	Name

### ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 08/06/2007
Investigation Sent : 08/06/2007	Investigation Sent To :
Grievance Amount :	

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL J Smith

Name (Print)

W-Building E-28

Housing Location

07-15-58

Date of Birth

00142003

SBI Number

07-31-2007

Date Submitted

Complaint (What type of problem are you having)? OK-07-28-07 foot

Slipped off Table top CAUSING my Neck to hit  
the top Bunk frame, I would like to be seen  
AS SOON AS possible, BECAUSE I'm HAVING lots of pain.

Paul Smith

Inmate Signature

07-31-2007

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00142003

SBI Number

08-01-2007

Date Submitted

Complaint (What type of problem are you having)? UNBEARABLE PAIN IN  
MY RIGHT HIP, AND THE PAIN IS GOING DOWN  
MY RIGHT LEG, PLEASE SEE ME AS SOON AS  
POSSIBLE, PLUS PAIN IN MY GROIN.

Paul Smith

Inmate Signature

08-01-2007

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

Sick CALL SERVICES  
Medical

PAUL Smith  
07-15-58

W-Building I-24  
08-03-2007

WHAT type of problem ARE you HAVING?  
While getting  
UP ON Top Bunk my left foot Slipped off  
Table Top AND the left side of my Neck  
Hit the Top Bed frame, AND I AM HAVING  
PAIN in the side of my Neck Down my  
left ARM, I would like to Be SEEN AS  
SOON AS possible,

Paul Smith

08-03-07

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Paul Smith W-Building I-24  
Name (Print) Housing Location  
07-15-58 0042003 08-06-07  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? NECK PAIN, ARM PAIN  
AND BACK PAIN FROM INJURIES RECEIVED WHILE  
BEING HERE ON THIS TOP BUNK, I WOULD LIKE TO BE  
SEEN ASAP, ALSO I WOULD LIKE TO KNOW ABOUT LAB TEST.

Paul Smith 08-06-2007  
Inmate Signature Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: DELAWARE CORRECTIONAL CENTER  
INMATE'S NAME: PAUL SMITH  
HOUSING UNIT: W-Building I-24

DATE SUBMITTED: 08-09-07  
SBI#: 00142003  
CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

HIP PAIN, BACK PAIN, NECK PAIN, AND LEFT ARM  
PAIN,

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: 08-09-2007

ACTION REQUESTED BY GRIEVANT:

WOULD LIKE TO BE TAKEN OUT TO  
A PAIN MANAGEMENT FOR TREATMENT OF MY  
CONDITIONS, WITH PAINS AND INJURIES AS SOON  
AS POSSIBLE,

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL  
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCE

FACILITY: Delaware Correctional Center  
INMATE'S NAME: PAUL Smith  
HOUSING UNIT: W-Building I-24

DATE SUBMITTED: 08-09-07  
SBI#: 00142003  
CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 08-09-07

TYPE OF MEDICAL PROBLEM:

Hip pain, Back pain, Neck pain, And left arm pain all due from falling off top bunk, And the medications taken isn't doing anything for pain relief, I received serious injuries from falling, And I would like to have X-Rays and MRI test done, because maybe I will need surgery due to these injuries I received while being incarcerated here at DCC.

GRIEVANT'S SIGNATURE: 

DATE: 08-09-2007

ACTION REQUESTED BY GRIEVANT: I would like to be taken out for MRI test of my neck, back, and arm from falling off this bunk cell #24-I-Tier,

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 08/21/2007

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SMITH, PAUL J	SBI# : 00142003	Institution : DCC
Grievance # : 139384	Grievance Date : 08/09/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 08/09/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg W1, Tier I, Cell 24, Top	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** Hip pain, back pain, neck pain, and left arm pain all due from falling off top bunk, and the medications taken isn't doing anything for pain relief, I received serious injuries from falling, and I would like to have X-Rays and MRI test done, because maybe I will need surgery due to these injuries. I received while being incarcerated here at DCC.

**Remedy Requested :** I would like to be taken out for MRI test of my neck, back, and arm, from falling off this top bunk cell 24 I-tier.

### INDIVIDUALS INVOLVED

Type	SBI #	Name

### ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 08/21/2007
Investigation Sent : 08/21/2007	Investigation Sent To :
Grievance Amount :	

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00148003

SBI Number

08-09-2007

Date Submitted

Complaint (What type of problem are you having)?

Hip pain, Back pain  
NECK PAIN, ARM PAIN, I WOULD LIKE TO SEE A  
PAIN-MANAGEMENT TO BE TREATED FOR MY PAINS  
AND INJURIES

Paul Smith

Inmate Signature

08-09-2007

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Paul Smith

Name (Print)

W-Building I-24

Housing Location

07-15-58

Date of Birth

00140003

SBI Number

8-12-2007

Date Submitted

Complaint (What type of problem are you having)?

BACK injury, Neck injury  
AND Left Shoulder AND ARM injuries ALL DUE TO  
FALL FROM TOP BUNK, AND I NEED TREATMENT  
AS SOON AS POSSIBLE INJURIES HAS gotten worse,

Paul Smith

Inmate Signature

08-12-2007

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

YIM *Paul Smith*  
SBI# *140083* UNIT *W-I-24*  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977



*Office of the Clerk*  
*UNITED STATES District Court*  
*844 L. King Street Lockbox 18*  
*Wilmington, Delaware*  
*19801-3570*

*Legal Mail*